

# 2005 Premium Rates

## MARICOPA COUNTY SPECIAL HEALTH DISTRICT



Payroll deductions for the insurance plans will be made from the first two paychecks of the month, 24 paychecks per year. Only the Mariflex flexible spending accounts will be deducted from all 26 paychecks per year. Actual premium deduction may vary by one or two cents due to rounding.

### HealthSelect Rates

All HealthSelect plan premiums include coverage for medical, pharmacy, behavioral health and substance abuse, vision, wellness and benefit contracts. Medical coverage is provided by Maricopa County and administered by CIGNA; pharmacy coverage is provided by Maricopa County and administered by Walgreens Health Initiatives (WHI); behavioral health and substance abuse coverage is provided by United Behavioral Health; vision coverage is provided by Avesis, and wellness coverage is provided by Maricopa County.

#### HealthSelect High Option Medical Plan with Coinsurance Rx Plan

	FULL-TIME				PART-TIME			
	30 hours or more per week				Between 20-29.99 hours per week			
	District	Contribution	Employee	Cost	District	Contribution	Employee	Cost
	Per Payday		Per Payday		Per Payday		Per Payday	
Employee	\$167.98		<b>\$2.50</b>		\$167.98		<b>\$2.50</b>	
Employee and Spouse	\$283.36		<b>\$39.90</b>		\$283.36		<b>\$39.90</b>	
Employee and Child(ren)	\$242.18		<b>\$27.48</b>		\$242.18		<b>\$27.48</b>	
Employee and Family	\$350.62		<b>\$60.36</b>		\$350.62		<b>\$60.36</b>	

#### HealthSelect High Option Medical Plan with Consumer Choice Rx Plan

	FULL-TIME				PART-TIME			
	30 hours or more per week				Between 20-29.99 hours per week			
	District	Contribution	Employee	Cost	District	Contribution	Employee	Cost
	Per Payday		Per Payday		Per Payday		Per Payday	
Employee	\$165.86		<b>\$2.00</b>		\$165.86		<b>\$2.00</b>	
Employee and Spouse	\$283.12		<b>\$34.88</b>		\$283.12		<b>\$34.88</b>	
Employee and Child(ren)	\$241.96		<b>\$23.36</b>		\$241.96		<b>\$23.36</b>	
Employee and Family	\$350.28		<b>\$53.72</b>		\$350.28		<b>\$53.72</b>	

#### HealthSelect Low Option Medical Plan with Coinsurance Rx Plan

	FULL-TIME				PART-TIME			
	30 hours or more per week				Between 20-29.99 hours per week			
	District	Contribution	Employee	Cost	District	Contribution	Employee	Cost
	Per Payday		Per Payday		Per Payday		Per Payday	
Employee	\$142.14		<b>\$1.50</b>		\$142.14		<b>\$1.50</b>	
Employee and Spouse	\$251.96		<b>\$20.86</b>		\$251.96		<b>\$20.86</b>	
Employee and Child(ren)	\$211.60		<b>\$16.28</b>		\$211.60		<b>\$16.28</b>	
Employee and Family	\$305.20		<b>\$42.80</b>		\$305.20		<b>\$42.80</b>	

#### HealthSelect Low Option Medical Plan With Consumer Choice Rx Plan

	FULL-TIME				PART-TIME			
	30 hours or more per week				Between 20-29.99 hours per week			
	District	Contribution	Employee	Cost	District	Contribution	Employee	Cost
	Per Payday		Per Payday		Per Payday		Per Payday	
Employee	\$141.02		<b>\$0.00</b>		\$141.02		<b>\$0.00</b>	
Employee and Spouse	\$251.72		<b>\$15.84</b>		\$251.72		<b>\$15.84</b>	
Employee and Child(ren)	\$211.38		<b>\$12.16</b>		\$211.38		<b>\$12.16</b>	
Employee and Family	\$304.86		<b>\$36.16</b>		\$304.86		<b>\$36.16</b>	

# CIGNA Rates

All CIGNA plan premiums include coverage for medical, pharmacy, behavioral health and substance abuse, vision, wellness, contract performance, external prosthetic appliance and benefit contracts. Medical coverage is provided by CIGNA; pharmacy coverage is provided by Maricopa County and administered by Walgreens Health Initiatives (WHI); behavioral health and substance abuse coverage is provided by United Behavioral Health, except for the low option PPO plan which is provided by CIGNA Behavioral Health; vision coverage is provided by Avesis, and wellness coverage is provided by Maricopa County.

## CIGNA Health Maintenance Organization (HMO) Rates

### CIGNA HMO High Option Medical Plan with Coinsurance Rx Plan

	FULL-TIME				PART-TIME			
	30 hours or more per week				Between 20-29.99 hours per week			
	District	Contribution	Employee	Cost	District	Contribution	Employee	Cost
	Per Payday		Per Payday		Per Payday		Per Payday	
Employee	\$202.94		\$8.06		\$117.88		\$93.12	
Employee and Spouse	\$370.80		\$47.22		\$317.08		\$100.94	
Employee and Child(ren)	\$312.60		\$33.66		\$248.04		\$98.22	
Employee and Family	\$481.00		\$73.06		\$447.90		\$106.16	

### CIGNA HMO High Option Medical Plan with Consumer Choice Rx Plan

	FULL-TIME				PART-TIME			
	30 hours or more per week				Between 20-29.99 hours per week			
	District	Contribution	Employee	Cost	District	Contribution	Employee	Cost
	Per Payday		Per Payday		Per Payday		Per Payday	
Employee	\$202.82		\$5.48		\$117.26		\$91.04	
Employee and Spouse	\$370.54		\$42.06		\$313.78		\$98.82	
Employee and Child(ren)	\$312.40		\$29.40		\$245.68		\$96.12	
Employee and Family	\$480.66		\$66.22		\$442.88		\$104.00	

### CIGNA HMO Low Option Medical Plan with Coinsurance Rx Plan

	FULL-TIME				PART-TIME			
	30 hours or more per week				Between 20-29.99 hours per week			
	District	Contribution	Employee	Cost	District	Contribution	Employee	Cost
	Per Payday		Per Payday		Per Payday		Per Payday	
Employee	\$166.62		\$2.98		\$94.28		\$75.32	
Employee and Spouse	\$305.72		\$29.48		\$251.22		\$83.98	
Employee and Child(ren)	\$257.82		\$20.38		\$197.22		\$80.98	
Employee and Family	\$397.34		\$47.00		\$354.58		\$89.76	

### CIGNA HMO Low Option Medical Plan with Consumer Choice Rx Plan

	FULL-TIME				PART-TIME			
	30 hours or more per week				Between 20-29.99 hours per week			
	District	Contribution	Employee	Cost	District	Contribution	Employee	Cost
	Per Payday		Per Payday		Per Payday		Per Payday	
Employee	\$166.50		\$0.40		\$92.80		\$74.10	
Employee and Spouse	\$305.46		\$24.32		\$247.06		\$82.72	
Employee and Child(ren)	\$257.62		\$16.12		\$194.02		\$79.72	
Employee and Family	\$397.00		\$40.16		\$348.72		\$88.44	

# CIGNA Point of Service (POS) Rates

## CIGNA POS High Option Medical Plan with Coinsurance Rx Plan

	FULL-TIME				PART-TIME			
	30 hours or more per week				Between 20-29.99 hours per week			
	District	Contribution	Employee	Cost	District	Contribution	Employee	Cost
	Per Payday		Per Payday		Per Payday		Per Payday	
Employee	\$218.76		<b>\$13.86</b>		\$133.70		<b>\$98.92</b>	
Employee and Spouse	\$402.36		<b>\$58.92</b>		\$348.64		<b>\$112.64</b>	
Employee and Child(ren)	\$338.58		<b>\$43.32</b>		\$274.02		<b>\$107.88</b>	
Employee and Family	\$522.88		<b>\$88.54</b>		\$489.78		<b>\$121.64</b>	

## CIGNA POS High Option Medical Plan with Consumer Choice Rx Plan

	FULL-TIME				PART-TIME			
	30 hours or more per week				Between 20-29.99 hours per week			
	District	Contribution	Employee	Cost	District	Contribution	Employee	Cost
	Per Payday		Per Payday		Per Payday		Per Payday	
Employee	\$218.64		<b>\$11.14</b>		\$133.08		<b>\$96.70</b>	
Employee and Spouse	\$402.10		<b>\$53.48</b>		\$345.34		<b>\$110.24</b>	
Employee and Child(ren)	\$338.36		<b>\$38.84</b>		\$271.64		<b>\$105.56</b>	
Employee and Family	\$522.52		<b>\$81.34</b>		\$484.74		<b>\$119.12</b>	

## CIGNA POS Low Option Medical Plan with Coinsurance Rx Plan

	FULL-TIME				PART-TIME			
	30 hours or more per week				Between 20-29.99 hours per week			
	District	Contribution	Employee	Cost	District	Contribution	Employee	Cost
	Per Payday		Per Payday		Per Payday		Per Payday	
Employee	\$172.04		<b>\$10.96</b>		\$105.62		<b>\$77.38</b>	
Employee and Spouse	\$315.48		<b>\$46.54</b>		\$273.82		<b>\$88.20</b>	
Employee and Child(ren)	\$266.04		<b>\$34.28</b>		\$215.84		<b>\$84.48</b>	
Employee and Family	\$409.96		<b>\$69.96</b>		\$384.58		<b>\$95.34</b>	

## CIGNA POS Low Option Medical Plan with Consumer Choice Rx Plan

	FULL-TIME				PART-TIME			
	30 hours or more per week				Between 20-29.99 hours per week			
	District	Contribution	Employee	Cost	District	Contribution	Employee	Cost
	Per Payday		Per Payday		Per Payday		Per Payday	
Employee	\$177.82		<b>\$2.34</b>		\$104.14		<b>\$76.02</b>	
Employee and Spouse	\$328.08		<b>\$28.24</b>		\$269.66		<b>\$86.66</b>	
Employee and Child(ren)	\$276.22		<b>\$19.40</b>		\$212.62		<b>\$83.00</b>	
Employee and Family	\$426.98		<b>\$45.38</b>		\$378.70		<b>\$93.66</b>	

# CIGNA Preferred Provider Organization (PPO) Rates

## CIGNA PPO High Option Medical Plan with Coinsurance Rx Plan

	FULL-TIME 30 hours or more per week			PART-TIME Between 20-29.99 hours per week		
	District	Contribution	Employee Cost	District	Contribution	Employee Cost
	Per Payday		Per Payday	Per Payday		Per Payday
Employee	\$201.66		<b>\$77.42</b>	\$116.60		<b>\$162.48</b>
Employee and Spouse	\$369.94		<b>\$185.90</b>	\$316.22		<b>\$239.62</b>
Employee and Child(ren)	\$311.62		<b>\$148.04</b>	\$247.06		<b>\$212.60</b>
Employee and Family	\$480.46		<b>\$256.90</b>	\$447.36		<b>\$290.00</b>

## CIGNA PPO High Option Medical Plan with Consumer Choice Rx Plan

	FULL-TIME 30 hours or more per week			PART-TIME Between 20-29.99 hours per week		
	District	Contribution	Employee Cost	District	Contribution	Employee Cost
	Per Payday		Per Payday	Per Payday		Per Payday
Employee	\$201.50		<b>\$74.12</b>	\$114.24		<b>\$161.38</b>
Employee and Spouse	\$369.60		<b>\$179.32</b>	\$311.14		<b>\$237.78</b>
Employee and Child(ren)	\$311.36		<b>\$142.60</b>	\$242.94		<b>\$211.02</b>
Employee and Family	\$480.05		<b>\$248.16</b>	\$440.57		<b>\$287.64</b>

## CIGNA PPO Low Option Medical Plan with Coinsurance Rx Plan

	FULL-TIME 30 hours or more per week			PART-TIME Between 20-29.99 hours per week		
	District	Contribution	Employee Cost	District	Contribution	Employee Cost
	Per Payday		Per Payday	Per Payday		Per Payday
Employee	\$200.08		<b>\$55.36</b>	\$135.80		<b>\$119.64</b>
Employee and Spouse	\$366.80		<b>\$141.76</b>	\$372.30		<b>\$136.26</b>
Employee and Child(ren)	\$309.04		<b>\$111.72</b>	\$290.26		<b>\$130.50</b>
Employee and Family	\$476.30		<b>\$198.40</b>	\$527.54		<b>\$147.16</b>

## CIGNA PPO Low Option Medical Plan with Consumer Choice Rx Plan

	FULL-TIME 30 hours or more per week			PART-TIME Between 20-29.99 hours per week		
	District	Contribution	Employee Cost	District	Contribution	Employee Cost
	Per Payday		Per Payday	Per Payday		Per Payday
Employee	\$199.92		<b>\$52.06</b>	\$133.98		<b>\$118.00</b>
Employee and Spouse	\$366.46		<b>\$135.18</b>	\$367.26		<b>\$134.38</b>
Employee and Child(ren)	\$308.78		<b>\$106.28</b>	\$286.36		<b>\$128.70</b>
Employee and Family	\$475.91		<b>\$189.66</b>	\$520.45		<b>\$145.12</b>



## Dental Plans

### Employers Dental Services (EDS)

#### A Managed Care Dental Organization

	FULL-TIME				PART-TIME			
	30 hours or more per week				Between 20-29.99 hours per week			
	District	Contribution	Employee	Cost	District	Contribution	Employee	Cost
	Per Payday		Per Payday		Per Payday		Per Payday	
Employee	\$2.86		<b>\$1.98</b>		\$2.86		<b>\$1.98</b>	
Employee and Spouse	\$5.42		<b>\$3.76</b>		\$5.42		<b>\$3.76</b>	
Employee and Child(ren)	\$7.10		<b>\$4.94</b>		\$7.10		<b>\$4.94</b>	
Employee and Family	\$8.18		<b>\$5.68</b>		\$8.18		<b>\$5.68</b>	

### United Concordia

#### A PPO Dental Plan

	FULL-TIME				PART-TIME			
	30 hours or more per week				Between 20-29.99 hours per week			
	District	Contribution	Employee	Cost	District	Contribution	Employee	Cost
	Per Payday		Per Payday		Per Payday		Per Payday	
Employee	\$8.96		<b>\$6.24</b>		\$4.84		<b>\$10.36</b>	
Employee and Spouse	\$19.74		<b>\$13.80</b>		\$9.90		<b>\$23.64</b>	
Employee and Child(ren)	\$21.38		<b>\$14.90</b>		\$11.86		<b>\$24.42</b>	
Employee and Family	\$27.44		<b>\$19.18</b>		\$14.36		<b>\$32.26</b>	



### Avesis Vision Stand Alone Option

Available only if enrolling for the medical waiver payment

100% Paid by Employee

	Employee Cost Per Payday
Employee	<b>\$3.42</b>
Employee and Spouse	<b>\$6.46</b>
Employee and Child(ren)	<b>\$7.04</b>
Employee and Family	<b>\$9.06</b>



### Short-Term Disability Plan

100% Paid by Employee

\$1,000 weekly maximum

Short-Term Disability Options	Rate Multiplier for 24 Pay Periods
40% of Biweekly Base Salary*	\$0.0035
50% of Biweekly Base Salary*	\$0.0050
60% of Biweekly Base Salary*	\$0.0065
70% of Biweekly Base Salary*	\$0.0080

### **Short-Term Disability Example**

Base Annual Salary: \$25,000

Base Annual Salary divided by 12 months =  
Monthly Salary **\$2,083.33**

Base Monthly Salary: **\$2,083.33**

Monthly Premium = Base Monthly Salary  
(up to Maximum Base Monthly Salary)  
multiplied by Rate Multiplier

Monthly Premium

Pay Period Premium = Monthly Premium  
divided by 2

<b>\$25,000 / 12 =</b> <b>\$2,083.33</b>				
<b>40% Option</b>	<b>50% Option</b>	<b>60% Option</b>	<b>70% Option</b>	
\$2,083.33 X 0.0035	\$2,083.33 X 0.0050	\$2,083.33 X 0.0065	\$2,083.33 X 0.0080	
<b>\$7.29</b>	<b>\$10.42</b>	<b>\$13.54</b>	<b>\$16.67</b>	
\$3.65	\$5.21	\$6.77	\$8.33	

\*Up to maximum benefit coverage



# Life Insurance

## Basic Life with Accidental Death and Dismemberment (AD&D)

1 Times Base Salary – 100% Paid by Maricopa County Special Health Care District

## Supplemental Life with Accidental Death and Dismemberment (AD&D)

1 to 5 Times Base Salary – 100% Paid by Employee

### Supplemental Life Insurance Table

5 Year Age Categories	Employee Cost per Payday Per \$1,000 of Coverage	Employee Cost per Payday Per \$1,000 of Coverage
	<b>Smoker Multiplier</b>	<b>Non-Smoker Multiplier</b>
Under 25	\$0.0475	\$0.0340
25-29	\$0.0500	\$0.0380
30-34	\$0.0540	\$0.0460
35-39	\$0.0855	\$0.0500
40-44	\$0.1170	\$0.0620
45-49	\$0.2195	\$0.1015
50-54	\$0.3935	\$0.1765
55-59	\$0.4005	\$0.2240
60-64	\$0.6125	\$0.3725
65-69	\$0.7475	\$0.5225
70 and older	\$1.2175	\$0.9575

### Supplemental Life Insurance Example

1. Take your annual base salary – **Example: \$24,500**

2. Round **up** to the nearest \$1,000 and then multiply

1 X Salary	2 X Salary	3 X Salary	4 X Salary	5 X Salary
<b>\$25,000</b>	\$50,000	\$75,000	\$100,000	\$125,000

3. Take the Salary amount and divide by \$1,000

25	50	75	100	125
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4. Refer to the Supplemental Life Insurance table above to find your age category and cost multiplier

5. Multiply the results from the calculation in Step 3 by the multiplier.

<b>Example: Age 37</b>	<b>Multiplier for Smoking</b>	<b>Multiplier for Non-Smoking</b>	<b>Coverage Amount</b>
	<b>\$0.085500</b>	<b>\$0.050000</b>	
1 X Salary	\$0.0855 X 25 = \$2.14	\$0.0500 X 25 = \$1.25	\$25,000
2 X Salary	\$0.0855 X 50 = \$4.28	\$0.0500 X 50 = \$2.50	\$50,000
3 X Salary	\$0.0855 X 75 = \$6.41	\$0.0500 X 75 = \$3.75	\$75,000
4 X Salary	\$0.0855 X 100 = \$8.55	\$0.0500 X 100 = \$5.00	\$100,000
5 X Salary	\$0.0855 X 125 = \$10.69	\$0.0500 X 125 = \$6.25	\$125,000

### Dependent Life Insurance

100% Paid by Employee

	<b>Option One</b>	<b>Option Two</b>
Spouse	\$5,000	\$10,000
Children, live birth to 14 days	\$1,000	\$1,000
14 days to 19 years, 25 years if full-time student	\$2,500	\$5,000
<b>Employee Cost Per Payday:</b>	<b>\$0.92</b>	<b>\$1.84</b>